The goals of case management are to assure that eligible individuals have access to needed services and resources, that necessary evaluations are conducted for eligible recipients, that individual program plans are developed and implemented, and a reassessment of recipients' needs and service provision occurs on an ongoing basis and at regularly scheduled intervals. All of the above is consistent with 1902(a)(23) of the Act.

E. The Qualifications of Providers

Providers of case management services must have a provider agreement with the Medicaid agency, must be enrolled as participating providers in Medicaid, and meet the criteria outlined below.

1. Demonstrate a capacity to provide all core elements of case management services including:

   * Comprehensive client assessment and service plan development

   * Linking/Coordination of services, i.e., assuring that services are appropriate to the clients' needs and that they are not duplicative or overlapping.

   * Monitoring and follow-up services.

   * Reassessment of the recipient's status and needs.

2. Demonstrate case management experience in coordinating and linking such community resources as required by the target population.

3. Demonstrate an appropriate physical facility or place of service through which individuals in that target group will have access to case management services. The case management provider must have facilities to house the individuals who will carry out the case management functions, provide for physical custody of case records, and a place where both the Medicaid agency and the client group will have access to case records and to the individuals performing case management services.

4. Demonstrate an administrative capacity to assure quality of services in accordance with state and federal requirements.

5. Demonstrate ability to assure referral processes consistent with 1902(a)(23), freedom of choice for providers.

6. Demonstrate financial management capacity and system that provides documentation of services and cost.

7. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

Items one through seven above refer to requirements for case management provider agencies. There is nothing in this definition which would preclude an individual from being designated as a provider agency if that individual meets all of the requirements outlined above.

Individuals serving as case managers for this target group shall include persons licensed by the West Virginia Board of Social Work Examiners under Chapter 30, Article 30, of the Code of West Virginia.

Any person or entity meeting requirements for the provision of case management services who wishes to become a Medicaid provider of those services will be given the opportunity to do so.

F. Nonduplication of Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TARGETED CASE MANAGEMENT SERVICES

A. TARGET GROUP

Effective 10/01/95

1. Mentally Retarded/Developmentally Disabled

The population to be served consists of individuals who meet diagnostic criteria according to the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) for mental retardation and/or the definition of developmental disability defined in West Virginia Code 42-4A-2 as "a severe, chronic disability of a person which: (1) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (2) is manifested before the person attains age twenty-two; (3) results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self-care; (B) receptive and expressive language; (C) learning; (D) mobility; (E) self-direction; (F) capacity for independent living; and (G) economic self-sufficiency; (4) Reflects the person's need for services and supports which are of lifelong or extended duration and are individually planned and coordinated."

Medical necessity for case management services will include a determination that individuals demonstrate substantial functional limitations in three (3) major life areas (see item 3, paragraph 1) as determined by a State-approved standardized assessment instrument appropriate to the individual being assessed. Recipients must be reassessed at six-month intervals at a minimum for functional limitation status in order to determine continuing medical need.

Recipients qualifying for Targeted Case Management must be currently living in the community or within 30 days of placement in the community through discharge planning from a Medicaid-certified facility.

Targeted case management will not be provided to individuals between the ages of 22 and 64 who are inpatients in institutions for mental disease nor to those recipients of case management through a home and community-based waiver.

E. DEFINITION OF SERVICES

Case management services are those services which will assist Medicaid-eligible recipients in the target group to gain access to needed medical, social, educational and other services.

The core elements of targeted case management shall include the following:

(1) Assessment: The ongoing process of determining the recipient's potential strengths, resources and needs for service which form the basis for development of a comprehensive individualized service plan in conjunction with the recipient, family and other individuals appropriate to service delivery.

(2) Service Planning: The development of a comprehensive individualized service plan which records the full range of services, treatment and/or other support necessary to meet the recipient's goals. The comprehensive individualized service plan will be reviewed at regularly scheduled intervals.

(3) Linkage/Referral: The process of making service contacts, appointments, etc., on behalf of the recipient in order to assure access to all services identified in the comprehensive individualized service plan such as behavioral health services, housing, medical, social, or nutritional services.

(4) Advocacy: Advocacy includes those actions taken on behalf of the recipient in order to assure his/her rightful access to (and continuity of) services and benefits under federal and state law; flexibility and integration of services; and proper utilization of facilities and resources.

(5) Crisis Response Planning: Planning which assures necessary and appropriate crisis response procedures for those recipients with an assessed need for crisis services.

(6) Service Plan Evaluation: Continuous re-evaluation of the individual's comprehensive service plan at regularly scheduled intervals, or as indicated by a significant change in the recipient's needs. Modifications to the plan will be made as necessary, new linkages established, and other service delivery changes made as necessary.

(7) Monitoring and Coordination: Checking and reviewing the delivery of needed services to assure the appropriateness and quality of services delivered.

Coordinating with the Medicaid certified facility discharge planner in the 30-day period prior to the recipient's discharge into the community. Coordination under this activity is not intended to duplicate services which the certified facility must otherwise provide as part of the normal discharge planning process.

E. PROVIDER QUALIFICATIONS

The option to restrict providers for the Mentally Retarded/Developmentally Disabled is not being exercised under Targeted Case Management.

A provider of Targeted Case Management Services to the Mentally Retarded/Developmentally Disabled must hold licensure as a behavioral health agency pursuant to 27-2A-1 of the West Virginia Code. Providers must demonstrate a capacity to provide targeted case management services through a comprehensive provider agreement. This agreement requires 24-hour service availability by the provider and stipulates that the recipient's freedom of choice must be assured by the provider. It also requires the following:

1) Specification of the target population(s) served and the geographic areas in which they have the capacity to serve the target population(s).

2) Demonstrated capacity to link recipients in the target group(s) to a comprehensive array of services.

3) Assurance that agency staff are sufficient in number and appropriately qualified through training and experience to address the needs of the target population(s) served.

4) An administrative capacity to ensure quality of services; documentation of services; and maintenance of individual records in accordance with state and federal requirements.

5) The financial management capacity to document services and prepare and submit claims for these services.

6) Assure through the client enrollment process that all recipients are informed that recipients may choose from available certified case management providers.

Providers must assure that all staff providing targeted case management services possess one of the following qualifications:

a) A licensed psychologist with a Masters or Doctoral degree;

b) A licensed social worker;

c) A registered nurse;

d) A Doctorate, Masters or Bachelors degree in Human Services Field; or

e) A Bachelors degree in a non-human services area and/or a temporary social work license may also qualify when there has been successful completion of a state-approved training program and a minimum of six months of experience working with the specific target population under the direct supervision of a case manager (i.e., a case manager who meets one of the educational requirements in a through d above and who has at least one year experience with the target population and who has met all other credentialling requirements of his/her agency.)

A. TARGET GROUP

2. Chronically Mentally Ill/Substance Abuse

The population to be served consists of individuals who meet diagnostic criteria according to the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) for chronic mental illness or substance abuse.

Medical necessity for case management services will include a determination that individuals demonstrate substantial functional limitations in two (2) major life areas as determined by a State-approved standardized assessment instrument(s) appropriate to the individual being assessed. Major life areas include: vocational, education, homemaker, social or interpersonal, community, and self-care or independent living. Individuals must be reassessed at six-month intervals at a minimum for functional limitation status in order to determine continuing medical need.

Recipients qualifying for Targeted Case Management must be currently living in the community or within 30 days of placement in the community through discharge planning from a Medicaid-certified facility.

Targeted case management will not be provided to individuals between the ages of 22 and 64 who are inpatients in institutions for mental disease nor to those recipients of case management through a home and community-based waiver.

D. DEFINITION OF SERVICES

Case management services are those services which will assist Medicaid-eligible recipients in the target group to gain access to needed medical, social, educational and other services.

The core elements of targeted case management shall include the following:

(1) Assessment: The ongoing process of determining the recipient's potential strengths, resources and needs for service which form the basis for development of a comprehensive individualized service plan in conjunction with the recipient, family and other individuals appropriate to service delivery.

(2) Service Planning: The development of a comprehensive individualized service plan which records the full range of services, treatment and/or other support necessary to meet the recipient's goals. The comprehensive individualized service plan will be reviewed at regularly scheduled intervals.

(3) Linkage/Referral: The process of making service contacts, appointments, etc., on behalf of the recipient in order to assure access to all services identified in the comprehensive individualized service plan such as behavioral health services, housing, medical, social, or nutritional services.

(4) Advocacy: Advocacy includes those actions taken on behalf of the recipient in order to assure his/her rightful access to (and continuity of) services and benefits under federal and state law; flexibility and integration of services; and proper utilization of facilities and resources.

(5) Crisis Response Planning: Planning which assures necessary and appropriate crisis response procedures for those recipients with an assessed need for crisis services.

(6) Service Plan Evaluation: Continuous re-evaluation of the individual's comprehensive service plan at regularly scheduled intervals, or as indicated by a significant change in the recipient's needs as a result of this process. Modifications to the plan will be made as necessary, new linkages established, and other service delivery changes made as necessary.

(7) Monitoring and Coordination: Checking and reviewing the delivery of needed services to assure the appropriateness and quality of services delivered.

Coordinating with the Medicaid certified facility discharge planner in the 30-day period prior to the recipient's discharge into the community. Coordination under this activity is not intended to duplicate services which the certified facility must otherwise provide as part of the normal discharge planning process.

E. PROVIDER QUALIFICATIONS

The option to restrict providers for the Chronically Mentally Ill and Substance Abuse population is not being exercised under Targeted Case Management.

A provider of Targeted Case Management Services to the Chronically Mentally Ill and Substance Abuse must hold licensure as a behavioral health agency pursuant to 27-2A-1 of the West Virginia Code. Providers must demonstrate a capacity to provide targeted case management services through a comprehensive provider agreement. This agreement requires 24-hour service availability by the provider and stipulates that the recipient's freedom of choice must be assured by the provider. It also requires the following:

1) Specification of the target population(s) served and the geographic areas in which they have the capacity to serve the target population(s).

2) Demonstrated capacity to link recipients in the target group(s) to a comprehensive array of services.

3) Assurance that agency staff are sufficient in number and appropriately qualified through training and experience to address the needs of the target population(s) served.

4) An administrative capacity to ensure quality of services; documentation of services; and maintenance of individual records in accordance with state and federal requirements.

5) The financial management capacity to document services and prepare and submit claims for these services.

6) Assure through the client enrollment process that all recipients are informed that recipients may choose from available certified case management providers.

Providers must assure that all staff providing targeted case management services possess one of the following qualifications:

a) A licensed psychologist with a Masters or Doctoral degree;

b) A licensed social worker;

c) A registered nurse;

d) A Doctorate, Masters or Bachelors degree in Human Services Field; or

e) A Bachelors degree in a non-human services area and/or a temporary social work license may also qualify when there has been successful completion of a state-approved training program and a minimum of six months of experience working with the specific target population under the direct supervision of a case manager (i.e., a case manager who meets one of the educational requirements in a through d above and who has at least one year experience with the target population and who has met all other credentialling requirements of his/her agency.)

A. TARGET GROUP:

3. Children Under Age 3 Who Are at Risk for Developmental Delay/Disability or Social-Emotional Disorder, or Children Under Age 5 who have a Diagnosed Developmental Delay/Disability or Social-Emotional Disorder

The population to be served consists of children who exhibit areas of concern or priority identified through either (1) the use of an approved evaluation/assessment process under Part H of the Individuals with Disabilities Education Act and administered through an agency under contract with the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, or (2) the children demonstrate impairment in two or more areas as measured by at least two norm or criterion-referenced instruments approved by the State as specified in the Targeted Case Management Manual.

Children qualifying for Targeted Case Management must be currently living in the community or within 30 days of placement in the community through discharge planning from a Medicaid-certified facility.

Targeted case management will not be provided to children who are recipients of case management through a home and community-based waiver.

D. DEFINITION OF SERVICES

Case management services are those services which will assist Medicaid-eligible recipients in the target group to gain access to needed medical, social, educational and other services.

The core elements of targeted case management shall include the following:

(1) Assessment: The ongoing process of determining the recipient's potential strengths, resources and needs for service which form the basis for development of a comprehensive individualized service plan in conjunction with the recipient, family and other individuals appropriate to service delivery.

(2) Service Planning: The development of a comprehensive individualized service plan which records the full range of services, treatment and/or other support necessary to meet the recipient's goals. The comprehensive individualized service plan will be reviewed at regularly scheduled intervals.

(3) Linkage/Referral: The process of making service contacts, appointments, etc., on behalf of the recipient in order to assure access to all services identified in the comprehensive individualized service plan such as behavioral health services, housing, medical, social, or nutritional services.

(4) Advocacy: Advocacy includes those actions taken on behalf of the recipient in order to assure his/her rightful access to (and continuity of) services and benefits under federal and state law; flexibility and integration of services; and proper utilization of facilities and resources.

(5) Crisis Response Planning: Planning which assures necessary and appropriate crisis response procedures for those recipients with an assessed need for crisis services.

(6) Service Plan Evaluation: Continuous re-evaluation of the individual's comprehensive service plan at regularly scheduled intervals, or as indicated by a significant change in the recipient's needs as a result of this process. Modifications to the plan will be made as necessary, new linkages established, and other service delivery changes made as necessary.

(7) Monitoring and Coordination: Checking and reviewing the delivery of needed services to assure the appropriateness and quality of services delivered. Coordinating with the Medicaid certified facility discharge planner in the 30-day period prior to the recipient's discharge into the community.

Coordination under this activity is not intended to duplicate services which the certified facility must otherwise provide as part of the normal discharge planning process.